

utilization review plan applicable to all patients who received medical assistance under Title XIX; and

3. Signed agreement to participate with and abide by the rules and regulations of the Guam Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Maximum of continuous sixty (60) acute days inpatient hospitalization per confinement. If confinement is medically necessary after sixty (60) hospital days, prior authorization from Medicaid is required.
- b. Semi-private room and board or private rooms when medically necessary.
- c. Coronary and intensive care.
- d. Telemetry care.
- e. Surgery and anesthesia. Prior authorization

is required for one (1) day before the surgery hospitalization, in which patient needs to be admitted to the hospital one (1) day or more before the scheduled surgery.

- f. Operating and delivery room.
- g. Laboratory and other diagnostic tests.
- h. Diagnostic radiology.
- i. Drugs prescribed by physician.
- j. One (1) doctor visit per day except for consultation. Additional visit is allowed only if medically necessary.
- k. Surgical and medical supplies that are medically necessary.
- l. Physical and occupational therapy when provided by qualified and registered therapist.
- m. Inhalation therapy.

n. Off-island diagnostic and/or therapeutic procedures not available on Guam. The treatment must be certain to save life or significantly alter an adverse prognosis. Palliation will not qualify nor will experimental procedures. Services may be on an inpatient or outpatient basis depending upon the medical necessity. In any case, Medicaid covers for medical and transportation services only. Transportation includes air travel and needed ambulance service only. Off-island care must be prior authorized by Medicaid. The attending physician is required to submit a written request to Medicaid including a detailed description of the patient's health problems and the reasons for the referral. Also, he/she should indicate the treatment needed, the physician and institution to whom the patient is to be referred and evidence that the off-island consultant will accept the patient transfer. In case of malignant diseases, a recommendation from the Tumor Board of Guam Memorial Hospital should be included with the request. The Medicaid Review Board for medical services is the

approving entity for off-island care. When necessary, the attending physician will be invited to the Board meeting. For emergency cases, payment will be determined on a case-by-case basis.

- o. Diabetes, and related services and supplies.
- p. Kidney dialysis treatment and other related services.
- q. Care for tuberculosis, or lytico (Amyotropic Lateral Sclerosis) and bodig (Parkinson Disease) and related services.

2. Not Covered Services

- a. Cosmetic surgery.
- b. Mental disorders and psychiatric services.
(Paid by local funds).
- c. Private duty nursing services.
- d. Personal comfort on or patient's convenience items.

- e. Any services or items requiring prior authorization, where authorization has not been obtained, or has been denied.
- f. Any services or items which are not medically required for the diagnosis or treatment of a disease, injury or condition.
- g. Admission primarily for rest care, custodial or convalescent care, etc.
- h. Routine services covered in the room and board which includes nursing services, minor medical and surgical supplies and the use of equipment and facilities for which a separate charge is not customarily made.

2.a. Outpatient Hospital Services

Outpatient services in general hospitals are those preventive, diagnostic, therapeutic, rehabilitative, or palliative items or services furnished to an outpatient by or under the direction of a physician or dentist in an approved general hospital out-patient department.

A. Provider Eligibility Requirements

Same as requirement described under inpatient hospital services.

B. Benefit Limitations

1. Covered Services

- a. Laboratory and diagnostic test.
- b. Diagnostic radiology.
- c. Emergency room.
- d. Medical and surgical supplies.
- e. Drugs which are prescribed by physicians and cannot be bought without a prescription.
- f. Dialysis treatment and related services.
- g. Hospital-based physician's services.
- h. Physical, occupational and inhalation therapy.
Prior authorization is required except for inhalation therapy provided in emergency room.
To obtain a prior authorization from Medicaid,

the client should submit a copy of the attending physician's treatment plan which includes the name of the patient, diagnosis, type, frequency, and duration of treatment.

- i. Computed tomography including head scan and body scan. Client who needs a head or body scan at Guam Memorial Hospital must carry a referral from the attending physician and request for a prior authorization from Medicaid.
- j. Diabetes, and related services and supplies.
- k. Care for tuberculosis, or lytico (Amyotrophic Lateral Sclerosis) and bodig (Parkinson Disease) and related services.
- l. Routine or annual physical examination.
- m. Abortion of pregnancies resulting from rape, incest, or if the pregnancy is allowed to go to full term will endanger the life of the mother.
- 2. Not Covered Services
 - a. Non-emergency use of emergency room.

2.b. Rural Health Clinic Services

Not provided.

3. Laboratory and X-Ray Services

A. Independent Laboratory Services

Laboratory services mean professional and technical laboratory services ordered by a physician or other licensed practitioner within the scope of his practice as defined by the State Law.

1. Provider Eligibility Requirements

To qualify for participation as an independent laboratory under the Guam Medicaid Program, the following requirements must be:

- a. Licensed as an independent laboratory by the State of Guam; and
- b. Certified as an independent laboratory under the Title XVIII Medicare Program; and
- c. Approved for participation as an independent laboratory provider by the Guam Medicaid Program.

2. Benefit Limitations

a. Covered Services

Laboratory procedures ordered by a physician.

b. Not Covered Services

Services inappropriate for the patient's diagnosis.

B. X-Ray Services

Radiological services are services provided by or under the direction of a physician within the scope of his practice as defined by State Law.

1. Benefit Limitation

a. Covered Services

1) Diagnostic and therapeutic x-ray procedures ordered by a physician.

2) Podiologist Services.

b. Not Covered Services

Services inappropriate for the patient diagnosis.

4.a. Skilled Nursing Facility Services (other than services in an institution for mental diseases)

A. Provider Eligibility Requirements

A skilled nursing facility must meet the following qualifications:

1. Licensed by the State of Guam.
2. Certified by the Health Standard Quality Bureau of Health Care Financing Administration in Region IX.
3. Approved to participate as a skilled nursing provider by the Guam Medicaid Program.

B. Benefit Limitations

1. Covered Services

- a. Skilled nursing care for a maximum of 180 days